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## INFORMATION BOOKLET

for

### THE FINAL REPORT ON THE HOUSATONIC RIVER AREA PCB EXPOSURE ASSESSMENT

and

### RELATED HEALTH ISSUES

prepared by

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH ASSESSMENT

September 1997



## QUESTIONS AND ANSWERS

- 1. Q. Why was the “Housatonic River Area PCB Exposure Assessment” conducted?**
  - A. The assessment was conducted to identify the frequency of different activities that might lead to opportunities for PCB exposure, and to determine, through the use of blood testing, how various activities may have contributed to higher serum PCB levels among HRA residents.
- 2. Q. What is meant by the “Housatonic River Area” (or “HRA”)?**
  - A. The Housatonic River Area or HRA comprises eight communities in Berkshire County, Massachusetts: Dalton, Great Barrington, Lanesborough, Lee, Lenox, Pittsfield, Sheffield, and Stockbridge.
- 3. Q. What are PCBs?**
  - A. PCBs or polychlorinated biphenyls are man-made, odorless chemicals. They do not evaporate and do not dissolve easily in water. In the HRA, PCBs were largely used in the manufacture of electrical transformers.
- 4. Q. How did PCBs get into the Housatonic River and the surrounding communities?**
  - A. PCBs were used in the manufacture of electrical and associated products in Pittsfield from 1932 to 1972, and they reached the Housatonic River in large quantities. This contamination was first discovered in the 1970s, in fish and sediments in lakes along the Housatonic. Extensive environmental sampling has revealed widespread contamination of Housatonic River sediments, floodplain soil, fish and other biota. Very recently, some residential properties were found to be contaminated with PCBs due to contaminated fills.
- 5. Q. Who conducted the study?**
  - A. The Housatonic River Area PCB Exposure Assessment was conducted by the Massachusetts Department of Public Health (MDPH), Bureau of Environmental Health Assessment, with support from the Massachusetts Department of Environmental Protection and the federal Agency for Toxic Substances and Disease Registry. The MDPH received input from local citizens or citizens’ groups (e.g. Housatonic River Initiative), especially during the study design and protocol development. The MDPH also formed the Housatonic River Area Advisory Committee for Health Studies and MDPH staff held periodic meetings with committee members to report status and get feed back on the conduct of the study.



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**6. Q. How were participants chosen for the Exposure Prevalence Study?**

- A. In the Exposure Prevalence Study, 800 households were randomly chosen from among all those located within one-half mile of the Housatonic River in the following eight communities: Dalton, Great Barrington, Lanesborough, Lee, Lenox, Pittsfield, Sheffield, and Stockbridge. Four hundred of those households were from Pittsfield, and four hundred were from the other seven communities.

**7. Q. How were participants chosen for the Volunteer Study?**

- A. In the Volunteer Study, subjects were recruited by means of a Public Service Announcement in local newspapers and radio stations, and through a mass mailing to interested parties. The Volunteer Study allowed those residents who were concerned about PCB exposure, but who were not selected to participate in the Exposure Prevalence Study, to be scheduled for a blood test. MDPH arranged to administer questionnaires to the volunteers in person at three walk-in sites: the Great Barrington Senior Center, the Tri-town Health Department in Lee, and the Berkshire Athenaeum in Pittsfield. The questionnaire administered to the volunteers was the same as the one used in the Exposure Prevalence Study.

**8. Q. How were opportunities for exposure to PCBs assessed?**

- A. A household screening questionnaire was administered to the 800 households. A representative of each household answered questions for all the members of his or her family. After the questionnaires were completed, the responses of every household member were weighted, with those activities more likely to lead to greater potential for PCB exposure weighted more heavily. Thus, those with the greatest potential for PCB exposure would receive the highest weights or scores.

**9. Q. How were respondents selected to participate in blood testing?**

- A. In the Exposure Prevalence Study, individuals with the highest potential exposure to PCBs based on screening questionnaire scores were offered the opportunity for a blood test. Results of blood tests allowed MDPH to determine whether those individuals who were suspected to have had greater opportunities for exposure to PCBs did in fact have higher levels than those with lesser opportunities for exposure. All respondents in the Volunteer Study were offered blood testing.

**10. Q. What was the range of serum PCB levels found in the Exposure Prevalence and Volunteer Studies?**

- A. Sixty-nine residents who participated in the Exposure Prevalence Study had serum PCB levels as follows:



Concentrations of PCBs in Parts Per Billion (ppb)	Number of Individuals
0-4	43
5-9	18
10-14	6
15-20	1
over 20	1

Seventy-nine residents who participated in the Volunteer Study had serum PCB levels shown as follows:

Concentrations of PCBs in Parts Per Billion (ppb)	Number of Individuals
0-4	32
5-9	25
10-14	15
15-20	2
over 20	5

The average serum PCB level in the Exposure Prevalence Study among non-occupationally exposed participants was 4.49 ppb, and in the Volunteer Study, the average was 5.77 ppb. These levels were generally within the normal background range for non-occupationally exposed individuals.

**11. Q. Was occupational exposure related to serum PCB levels?**

- A. Yes. Among all participants who had blood testing, those who had had opportunities for occupational exposure had higher serum PCB levels than the rest.

**12. Q. Was age related to serum PCB levels?**

- A. Yes. Age was found to be the prominent predictor of serum PCB level.

**13. Q. Do most people in the United States have PCBs in their bodies?**

- A. PCBs have been measured in human blood, fatty tissue, and breast milk throughout the country. Ninety-five percent of the U.S. population have serum levels of less than 20 ppb. Ninety-nine percent of the U.S. population have serum levels of less than 30 ppb. The national average for serum PCB level in persons non-occupationally exposed is between 4 and 8 ppb. The greatest on-going source of public exposure to PCBs is from food, particularly fish.



**14. Q. Is there anything I can do to reduce PCB levels in my blood?**

- A. Currently, there is no treatment available to lower PCB blood levels. However, if an individual was exposed, PCB levels will decrease over time once exposure to PCBs has been reduced.

**15. Q. Is it safe to eat fish from the Housatonic River and its tributaries?**

- A. No. In 1982, the MDPH restricted fish, frog, and turtle consumption in the Housatonic River and its tributaries. Because of continued evidence of PCB contamination, it is expected that PCB levels in these species still remain elevated.

Both the Exposure Prevalence Study and the Volunteer Study showed that study participants who had higher frequency and duration of contaminated fish consumption had higher serum PCB levels. Due to health effects that have been suggested as potentially related to PCB exposure, the MDPH maintains that the current ban on these activities in or near the river remain in effect.

**16. Q. Is it safe to eat fish from restaurants, supermarkets, and local markets in the Housatonic River Area?**

- A. Yes. In general, fish caught in marine open and bay waters is the source of most commercial catches in New England and is not affected by PCB contamination from local and freshwater areas. State and federal health regulatory officials regulate fish sold for the commercial markets.

**17. Q. Was consumption of fiddlehead ferns associated with higher serum PCB levels?**

- A. Individuals who reported greater frequency and duration of fiddlehead fern consumption had slightly higher serum PCB levels.

**18. Q. If my only exposure to PCBs is through soil contact, should I be concerned?**

- A. Previous studies conducted by MDPH have not shown that exposure through soil contact alone has resulted in appreciable increases in serum PCB levels. MDPH continues to consider consumption of contaminated fish to be the most significant non-occupational exposure concern. However, due to the recent discovery of widespread residential PCB contamination, MDPH is coordinating a separate study of residents who may be concerned about exposure.

**19. Q. If PCBs have been discovered in soils on my property, what can I do about getting my health concerns addressed or my blood tested?**



- A. MDPH has established a toll free hot-line to advise local area residents about any health related concerns or questions they may have. The exposure assessment questionnaire will be provided to all residents who wish to have their opportunities for exposure evaluated and a blood test taken. The hot-line number is 1-800-240-4266.

**20. Q. What health effects are caused by exposure to PCBs?**

- A. PCBs are not very acutely toxic. Large amounts of PCBs are necessary to produce acute effects. These effects can include skin lesions or irritations, fatigue, and hyperpigmentation (increased pigmentation) of the skin and nails. Chronic effects occur after weeks or years of exposure or long after initial exposure to PCBs. A number of studies have suggested that these effects include immune system suppression, liver damage, neurological effects, and possibly cancer.

**21. Q. What happens to PCBs in your body?**

- A. Once PCBs enter the body they are first distributed in the liver and muscles and then are stored in fatty tissues. PCBs can be stored in fat tissue for years. Also, breast milk may concentrate PCBs because of its fat content. The PCBs can then be transferred to children through breastfeeding.

**22. Q. Are cancer rates elevated in the HRA?**

- A. According to the most recent data from the Massachusetts Cancer Registry, cancer rates during 1982-1986 and 1987-1992 for the eight communities (i.e., Dalton, Great Barrington, Lanesborough, Lee, Lenox, Pittsfield, Sheffield, and Stockbridge) showed that, with the exception of bladder cancer in Pittsfield males during the 1982-1986 period, no statistically significant elevation was noted.

**23. Q. Do PCBs cause reproductive effects?**

- A. Studies have reported that infants born to mothers who were environmentally or occupationally exposed to PCBs had decreases in birth weight, gestational age, and neonatal performance. However, the strength of the association with PCBs is unclear. PCBs have been shown to cause these and other reproductive effects in a variety of mammalian species.

**24. Q. Are there any problems with reproductive outcomes for the HRA?**

- A. According to 1990-1994 birth data from the MDPH Registry of Vital Records and Statistics, infant mortality and the proportion of low birth weight in the HRA were similar to those of the state averages.

